



Alcimedes

Hippocrates was an expert in time-management. In between busy clinics, avoiding drug reps, and completing his revalidation folder, he somehow found a moment or two to offer profound statements such as *Primum non nocere*. The idea of “First, do no harm” may have been the name of the game in the 4th century BC, but by the early 17th century, the philosopher and scientist Francis Bacon had accepted that, sometimes, “The remedy is worse than the disease.”

Fast-forward several centuries, and both quotes seem topical. The latest drug figures from Scotland demonstrate that, in the year to June 2012, there were 275 deaths from methadone but only 206 deaths from heroin.¹ Figures for England and Wales also provide depressing reading, with 486 deaths being directly attributed to methadone in this same time period, the highest number since 1997.² Alcimedes wonders whether heroin should therefore be offered to methadone addicts as this appears to be a safer option and could result in countless lives being saved per year.

On a happier note, Alcimedes is pleased to report that the Office for National Statistics (ONS) has some better figures to offer: Cot Death (Sudden Infant Death Syndrome, SIDS) is at an all-time low. Sadly, there were still 254 unexplained infant deaths in the year 2009–10 in England and Wales, and this equates to 0.35 deaths per 1000 live births and 8% of all infant deaths. 158 (62%) were recorded as “Sudden Infant Death” and 96 (38%) were recorded as “Unascertained.” These figures compare with 279 deaths the previous year.³ SIDS has fallen steadily since the early 1990s and this is largely attributed to the contribution made by the *Back to Sleep* campaign, whereby parents were encouraged to lay their children on their backs for sleeping.

The figures also provide a breakdown of risk factors for unexplained infant deaths, including regional variation, the mother’s age, risk from parental smoking and marital status of the parents. The rate is also higher in the winter months compared with summer, and it has been speculated that this might be due to overwrapping of infants, and covering the infant’s head, in colder weather.

On the topic of *doing no harm*, assisted suicide has been very much in the news with the tragic case of Tony Nicklinson hitting the headlines. The 58 year old, who had suffered locked-in syndrome for seven years, took his “Right to die” case to the High Court in London, but was unsuccessful in arguing the case for allowing doctors to terminate his life. Within a matter of days of losing the case, he died at home, apparently from pneumonia.⁴

Assisted suicide remains illegal in England and Wales under the Suicide Act 1961. However, his case raised the issues of respecting patients’ rights, respect for personal autonomy, the best interests of the patient, regard for the public interest, the involvement of families in decision-making, as well as opening up religious and ethical debates. Inevitably, many individuals will be unhappy with whichever decision is made in the Courts in these situations, as pleasing everyone is nigh impossible.

Interestingly, the Nicklinson case contrasts with that of a 55-year-old Muslim patient from Yorkshire (“L”) who had suffered a severe stroke after a cardiac arrest in the summer of 2012. The Pennines Acute Hospital NHS Trust had applied to the Court of Protection on the grounds that prolonging his life would not be in his best interests.⁵ This went against the wishes of his family who believed that his life should be maintained as far as possible. The case is on-going at the time of writing (Sept. 2012) and highlights the complexity of assisted suicide when the family is not in agreement with the medical staff, and when religion helps determine the patient’s or family’s decision.

“It is a wise child who knows his own father,” so the old saying goes. Equally, it could be argued that it is a wise father who knows his own child. Fans of daytime television will also be familiar with lie detectors and “DNA Specials” in paternity cases as the results appear to provide light entertainment to large sections of society. Despite the popularity of these programmes, the reliability of polygraphs remains debatable in the wider scientific community so it is therefore interesting that a pilot scheme in the Midlands, which involved testing convicted sex offenders, has used lie detectors to apparently great effect. Between 2009 and 2011, over 600 sex offenders (who were on licence) were tested every six months to see if they had breached the terms of their release.⁶ The study, conducted by Forensic Psychiatrist Professor Don Grubin, established that offenders were more likely to admit to breaching their terms of release, even before the lie detector had been used, i.e. the threat of being found out was often sufficient to help establish the truth, let alone the results of the detector itself. As a result of this pilot study, the Government has announced a roll-out of this scheme across England and Wales. This, of course, raises the question that, if polygraphs are to play a role in this part of criminal justice, will they also begin to feature in other aspects of our justice system?

Alcimedes waits with interest as to whether the pick-up with lie detectors is seen a success for having identified the sex offenders at risk of repeat offending, or as a failure for having let them out in the first place. Alcimedes also wonders what happens in the six months between testing, and whether this

might be of concern to a child who happens to be in the wrong place at the wrong time.

The number of organs being donated for transplant has increased for the seventh successive year in the UK, allowing an all-time high of 3960 transplants to be conducted in the year 2011–12.⁷ According to figures released by NHS Blood and Transplant, approximately 1 million people joined the organ register last year, meaning that approximately 30% (18.6 million) of the adult population is willing to make this selfless donation. However, the refusal rate from relatives remained amongst the highest in Europe, at 45%.

Meanwhile, the NHSBT is conducting an Organ Donation Strategy Survey (ending 24th Sept 2012)⁸ amongst the public and healthcare professionals to garner changing opinions on the subject of organ transplantation. The survey asks eight questions with multiple responses for each one. Controversial ideas being mooted include whether preference for organ transplantation should be given to those individuals already on the register and whether patients can be kept alive solely for the purpose of providing their organs.

Conflict of interest
None declared.

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